

VA



U.S. Department  
of Veterans Affairs

## Department of Veterans Affairs Survey for «Vet\_First» «Vet\_Last» «Vet\_Suffix»,

**T**hank you for taking the time to complete this survey. This survey is funded by the Department of Veterans Affairs to find out how well the VA is taking care of its Veterans near the end of their lives. We want to know if we are providing the best possible care to our Veterans and whether there is anything we could be doing better. Your opinions are important to us, so please tell us what you think. Your participation is voluntary and confidential. If you choose not to participate, it will not affect your benefits in any way.

If you have any questions about the survey, please don't hesitate to call us at the PROMISE Center on our toll-free number, 1-877-503-5817, and leave a message with your name, number, and reference #«CNUM»«FAC» and we will call you back as soon as possible.



ESTIMATED TIME:  
10 MINUTES



THE OFFICE OF MANAGEMENT AND BUDGET HAS APPROVED THIS SURVEY UNDER OMB NUMBER 2900-0701 IN ACCORDANCE WITH SECTION 3507 OF THE PAPERWORK REDUCTION ACT OF 1995. WE ESTIMATE THAT IT WILL TAKE ABOUT 10 MINUTES TO ANSWER THESE QUESTIONS. YOUR RESPONSES WILL BE USED TO MEASURE VETERANS' AND THEIR FAMILIES' PERCEPTIONS OF THE HEALTHCARE VA PROVIDES. YOUR PARTICIPATION IS VOLUNTARY AND CONFIDENTIAL. IF YOU CHOOSE NOT TO PARTICIPATE, IT WILL NOT AFFECT YOUR BENEFITS IN ANY WAY.

### FIRST PART

#### HOW TO FILL OUT THE SURVEY

- Please choose **ONLY** one answer per question.
- Please fill in each circle completely, like this: ☐ Do not fill it like this: ☒ ☐
- Do not write comments in the answer choice area. There are two open ended questions on page 4, please save any comments for those questions.

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Thank you again for providing the PROMISE Center with important feedback. Your answers will help ensure that all Veterans receive the high-quality care they deserve.

*If you have specific questions about benefits or other logistical issues (e.g. returning medical supplies), you may:*

- Contact your local VA medical center and ask to speak to the Patient Advocate.

*For more information about **benefits**, you may also:*

- Call the VA benefits line toll-free at 1-800-827-1000.
- Visit the VA benefits web page at <http://www.benefits.va.gov/benefits/>

*Please call the PROMISE Center toll-free at 1-877-503-5817 and use the reference number on the first page of this packet if you:*

- Need more information about **bereavement services** from the VA.
- Want to discuss **additional concerns** about the care the Veteran received.
- Prefer to **complete the survey over the phone**.

*Thank you for your participation!*

SECOND  
PART

HOW TO SUBMIT THE SURVEY

- Once you have answered all the survey questions, tear along the dotted line on Page 3 to remove the survey from the booklet.
- Fold the survey into thirds and place it in the envelope provided.
- Seal the envelope and mail it.

**1. First, please tell us how you are related to the Veteran. I am his:**

- |  |  |
|--|--|
| <input type="radio"/> 1 Spouse         | <input type="radio"/> 6 Ex-Spouse                    |
| <input type="radio"/> 2 Parent         | <input type="radio"/> 7 Friend                       |
| <input type="radio"/> 3 Child          | <input type="radio"/> 8 Partner                      |
| <input type="radio"/> 4 Sibling        | <input type="radio"/> 9 POA/Legal Guardian/Caretaker |
| <input type="radio"/> 5 Other Relative | <input type="radio"/> 10 Other                       |

The next questions ask you to tell us about the care that the Veteran received. Some of the questions ask about the staff. By staff, we mean doctors, nurses, social workers, chaplains, nursing assistants, therapists, and other personnel.

**2. During his last month of life, how much of the time were the staff who took care of him willing to take time to listen?**

- ☐ 1 Always  
☐ 2 Usually  
☐ 3 Sometimes  
☐ 4 Never  
☐ 5 I did not speak to the staff who took care of him

**3. During his last month of life, how often did the staff provide him with the medication and medical treatment that you and he wanted?**

- ☐ 1 Always  
☐ 2 Usually  
☐ 3 Sometimes  
☐ 4 Never  
☐ 5 Unsure  
☐ 6 He did not receive any treatment

**4. During his last month of life, how often were the staff who took care of him kind, caring, and respectful?**

- ☐ 1 Always  
☐ 2 Usually  
☐ 3 Sometimes  
☐ 4 Never  
☐ 5 Unsure

**5. During his last month of life, how often did the staff who took care of him keep you or other family members informed about his condition and treatment?**

- ☐ 1 Always  
☐ 2 Usually  
☐ 3 Sometimes  
☐ 4 Never  
☐ 5 Unsure

**6. Did anyone alert you or your family when he was about to die?**

- ☐ 1 Yes  
☐ 2 No  
☐ 3 Unsure  
☐ 4 His death was unexpected

**7. From what you know about his time as an inpatient, how often do you think his personal care needs—such as bathing, dressing, and eating meals—were taken care of as well as they should have been?**

- ☐ 1 Always  
☐ 2 Usually  
☐ 3 Sometimes  
☐ 4 Never  
☐ 5 Unsure  
☐ 6 We did not want or need help with personal care

**8. In the last month of his life, did he have pain or did he take medicine for pain?**

- |                                |                        |
|--------------------------------|------------------------|
| <input type="radio"/> 1 Yes    | CONTINUE TO QUESTION 9 |
| <input type="radio"/> 2 No     | SKIP TO QUESTION 10    |
| <input type="radio"/> 3 Unsure |                        |

**9. How often did his pain make him uncomfortable?**

- ☐ 1 Always  
☐ 2 Usually  
☐ 3 Sometimes  
☐ 4 Never  
☐ 5 Unsure  
☐ 6 He did not have any pain

**10. Some Veterans near the end of life re-experience the stress and emotions that they had when they were in combat. Did this happen to him in the last month of life?**

- |                                |                         |
|--------------------------------|-------------------------|
| <input type="radio"/> 1 Yes    | CONTINUE TO QUESTION 11 |
| <input type="radio"/> 2 No     | SKIP TO QUESTION 12     |
| <input type="radio"/> 3 Unsure |                         |

**11. How often did the stress make him uncomfortable?**

- ☐ 1 Always  
☐ 2 Usually  
☐ 3 Sometimes  
☐ 4 Never  
☐ 5 Unsure  
☐ 6 He did not re-experience combat stress/emotions

**12. In his last month of life, how much of the time did the staff who took care of him provide you and him with the kind of spiritual support you both would have liked?**

- ☐ 1 Always  
☐ 2 Usually  
☐ 3 Sometimes  
☐ 4 Never  
☐ 5 We did not want or need any spiritual support

**13. In his last month of life, how much of the time did the staff who took care of him provide you and him with the kind of emotional support you both would have liked prior to his death?**

- ☐ 1 Always  
☐ 2 Usually  
☐ 3 Sometimes  
☐ 4 Never  
☐ 5 We did not want or need any emotional support

**14. What about after his death - how much of the time did the staff who took care of him provide you with the kind of emotional support you would have wanted?**

- ☐ 1 Always  
☐ 2 Usually  
☐ 3 Sometimes  
☐ 4 Never  
☐ 5 We did not want or need any emotional support

17. Would it have been helpful if the VA had provided more help with his funeral arrangements?

- ① Yes  
② No  
③ Unsure

18. Overall, how would you rate the care that he received in the last month of his life?

- ① Excellent
- ② Very Good
- ③ Good
- ④ Fair
- ⑤ Poor

**19. Is there anything else that you would like to share about the Veteran's care during his last month of life?**